

ARKANSAS STATE BOARD OF NURSING

UNIVERSITY TOWER BUILDING

1123 SOUTH UNIVERSITY, SUITE 800

LITTLE ROCK, ARKANSAS 72204

501.686.2700 • 501.686.2714 fax • www.arsbn.org

TEMPORARY PERMIT APPLICATION

Full Name _____
FIRST MIDDLE MAIDEN LASTMailing Address _____
STREET CITY STATE ZIP

Social Security Number _____ Telephone number () _____

Type of Application Submitted _____

FEES ARE NONREFUNDABLE

METHOD OF PAYMENT

- ☐ In-state personal check
- ☐ Money order/cashiers check
- ☐ Credit card

CREDIT CARD INFORMATION

Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fees by credit card. The Arkansas State Board of Nursing does not receive any portion of the processing fee.

Type of card Visa ☐ MasterCard ☐ Discover ☐

Cardholder's Name _____

Cardholder's billing address _____

Credit Card # _____

Expiration date ____/____
mm yyyy

Amount Paid _____

Signature _____

*Processing fee - Temporary Permit - \$0.75